

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3569AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/03/2015
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK MEMORY CARE WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 3351 N BUFFALO DRIVE LAS VEGAS, NV 89129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/3/15. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health.</p> <p>The facility is licensed for 48 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 39. Ten resident files were reviewed and ten employee files were reviewed.</p> <p>The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 393 SS=F	<p>449.226(4)(a)-(c) Safety Requirements</p> <p>NAC 449.226 Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and bedrooms; access by vehicles.</p> <p>4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility.</p>	Y 393		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/23/15

Division of Public and Behavioral Health

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Y 393	<p>Continued From page 1</p> <p>(b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower.</p> <p>(c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure the monitored auditory system was accessible and able to be utilized in residents' bathrooms.</p> <p>Findings include:</p> <p>On 3/3/15 during a facility tour, the following was observed: - In all resident bathrooms, except the bathroom in room #16, the auditory system pull cords were tightly wrapped around the safety grab bars adjacent to the toilets.</p> <p>On 3/3/15 at 4:30 PM, the Administrator acknowledged the deficiencies and it was explained that residents may not be able to reach or use the tied cords in the event of an emergency.</p> <p>Severity: 2 Scope: 1</p>	Y 393		

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Y 859	Continued From page 2	Y 859		
Y 859 SS=D	<p>449.274(5) Periodic Physical examination of a resident</p> <p>NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records.</p> <p>5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 10 residents received a timely annual physical examination (Residents #2 and #4).</p> <p>Findings include:</p> <p>On 3/3/15, a record review of resident files revealed the following:</p> <ul style="list-style-type: none"> - Resident #2 was admitted to the facility on 2/17/14. The resident received a pre-admission physical examination on 2/14/14. The file lacked documented evidence of an annual physical examination for 2015. - Resident #4 was admitted to the facility on 6/7/13. The resident received a pre-admission physical examination on 6/3/13. The file lacked documented evidence of an annual physical 	Y 859		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

WILLOW CREEK MEMORY CARE WEST **3351 N BUFFALO DRIVE**
LAS VEGAS, NV 89129

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Y 859	Continued From page 3 examination for 2014. On 3/3/15 at 4:30 PM, the Administrator acknowledged the missing physical examinations. Severity: 2 Scope: 1	Y 859		

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